MEDICAL MISSIONARY

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CAUSE OF
OUR JOY

MARCH
APRIL
1954

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VEXILLA REGIS

That which the prophet-king
of old

Hath in mysterious verse
foretold

Is now accomplished,
whilst we see

God ruling nations
from a tree

Knox translation

CHRIST CONQUERS

Sr. M. Gerard, S. C. M. M.

WORDS may teach us many things. Take the word "Lent" for example. It is an old English word meaning "spring." The fact that the Church retains the name for the most important cycle in her liturgical year is significant. It points the lesson that what occurs in the natural world during this season of the year ought to find its counterpart in the supernatural life of the Christian.

Lent is meant to be the springtime of our life in Christ. What is characteristic of spring? For the most part it is a mixture of the old and the new, traces of winter mingled with hints of spring. There are the lion-days and the lamb-days, following one another in unpredictable order. The farmer's plow breaks the hard ground with confidence that the seed will be sown and come to life despite the morning's hoar-frost. Over all we witness in spring a struggle between death and life with the conviction that life will ultimately win the victory.

This is a good picture of what the Church would have us experience in our own spiritual spring, in our yearly living of the Lenten mystery. In the words of the Apostle, we are to be forever "dying, and yet behold we live." We are to fast from the food of nature but feast on the food of God's word,

offered us in the rich diet of the Lenten liturgy. We are to mourn for our sins because "He was wounded for our iniquities," and yet we are to rejoice because "by His bruises we are healed." While we compassionate our Saviour in His sufferings, we also exult with Him in the triumph of His cross. In Lent, there is a divine intermingling of sorrow and joy, defeat and victory, death and life, for again as Saint Paul exhorts us, we must always carry about with us "the dying of Jesus" in order that the "life of Jesus" may be manifest in us.

What is true for the individual Christian is likewise true for the entire Body of Christ, for we are members of one another. Lent is the springtime of the entire Church, when her life in Christ is renewed and strengthened, when with fresh vigor she re-lives the mystery of her redemption. During this holy season, all Christians ought to pray with increasing fervor for those lands which yet await the Christian spring, whose hard ground is yet to be broken for the sowing of the seed, and above all, whose sorrow is still to be turned into joy through the victory Christ won for us by His cross.

RENOWNED MISSIOLOGIST DIES

LOUVAIN, Belgium. — Father Pierre Charles, S.J., one of the most renowned missiologists of modern times, died here February 11, at the age of 71. He was the first to occupy the chair of missiology at the Gregorian Pontifical University in Rome, and for the past 40 years had been professor of dogmatic theology at the Jesuit seminary in Louvain. He wrote 20 books on missionary subjects, one of them on the necessity of Medical Missions.

Death of Thomas Cochrane, M. D. Protestant Medical Missionary

The death of the famous Dr. Cochrane, who went out to China under the London Missionary Society way back in 1897 has been announced. When the Boxer rising broke out he fled from Mongolia to Peking and restored the almost totally demolished hospital there. Here he won the confidence of the Empress Dowager and obtained her consent to change the hospital into a medical training college for Chinese students . . . the first in China teaching methods of Western medicine.

During his years in China, Dr. Cochrane held the posts of physican to the Imperial Maritime Customs, acting physician to the British Legation in Peking, and principal and senior surgeon to the Peking Hospital. It is estimated that one million Chinese patients passed directly or indirectly through his hands.

(*South China Morning Post*)

R. I. P.

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Rt. Rev. Msgr. Harry A. Quinn, Balt., Md.

The Veldt, Basutoland, South Africa.

South Africa Calling

SOUTH Africa calling! I feel it is about time that you remembered us again, so to jog your memory in that direction here is another epistle of life and cult out in this semi-civilized part of the world! News consists of day to day happenings of which the most outstanding was our trip to Basutoland, a free Native territory (British Protectorate) in the Union of South Africa. This is where the Basutos can be free. I never realized how precious a human right this is until I came here!

It was a beautiful day and we drove through the rather uninteresting South African countryside for about four hours before arriving. South Africa, where we are, is so flat you can see a train arriving two stations away and the veldt stretching seemingly eternally on, intersected by dried rivers. They say here if you fall into a river you get up and shake off the dust! And it's true. It was at such a stopping place that we had our picnic lunch —then on to St. Monica's, the second mission in Basutoland. The Bishop (a native) was unfortunately absent but we were shown the school and church, the Sisters' convent, and the Brothers' house (four American Brothers) and, deserving a special mention, the dispensary! This was a round kraal hut with a grass roof, in the midst of which stood a German Sister of rather generous proportions, surrounded by bottles of every concoction under the sun, and portraits of the Bishop, old and new clothes, etc., etc. She was attending a woman who had "moto." This mysterious disease, (looking rather like mumps) apparently eats away the eyesight but can be cured by one of the various remedies at hand. The school is the main work here though, and the congregation of White and Native Sisters live

together and work here. The Basutos are an interesting tribe and many of our orderlies are from Basutoland. On Ward 6 I have four Basutos: one Upedi, one Xhosa, one Bechuana, and one Tropical. So you can see that not only the European population here is very mixed and not always united, but the native population in the Union is also divided. Add to those your Pondos, your Pondo wesas, your Vendas, Deeubas, Shanphane, N'Yasis etc., etc., and each with language, customs, chiefs and loyalties of their own and you get a better picture of the problems involved in their welfare, where a Shanphane doesn't like to sleep near a Tota, and the Pondos are more primitive than the Basutos! But all in all, they get on wonderfully well and are a pleasure to nurse.

If they complain of pain, you may be sure it's pretty bad, otherwise they bear the most appalling injuries with a stoic silence. This is partly, I suppose, due to their training. No matter what tribe they belong to, they all go through an initiation before they pass from boyhood to manhood, during which they have to prove their courage and hardihood. Dancing is their main outlet, and each has its own meaning. The Rain dance is danced by young girls; the dance of women after the husband has had his sixtieth or seventieth child (I'll explain this later); the Boy's dance; the Man's dance; the dance of the first-fruits, and the war dance.

The Xotas have a very special shaking dance, not allowed to be danced by any boy before his initiation, but which, if he cannot do after attaining manhood, he is pretty well ostracized. It is a very intricate shaking affair involving every muscle, starting with the feet and working up until the whole body is shaking. They do it when they are happy and at great tribal affairs. Small boys are dipped into the ripples of streams and lakes when they are born, to enable them to do it later.

The family life seems to the Western mind to be most involved but they find it easy. It always amazed me how many brothers they have. Of course, polygamy has a great deal to do with it. A man's stature is measured by the number of wives and children, out of which the chief wife comes off best. Each wife has her own house and the man's house is in the middle—each wife brings up her own children. The child counts all his mother's sisters as mothers, and his mother's brothers as male mothers (!). These can be a little more lenient with him than his fathers and female fathers (!), that is, his father's brothers and sisters, who

A Young Pondo lounges by the wayside. Note curious white headdress.

have more to say about his behaviour! The wives work on their small plots of land and do most of the farming.

This is all in the tribal system. The natives working in the mines leave all that and come to live in a location or a compound, usually with only one wife, if that—more often in the single quarters leaving their families behind. This is what causes quite a bit of unrest—mostly they are put with members of their own tribes which makes it a little easier. I still have to find out something of the family system. One of our clerks had his fourth child awhile back, and assured us it is his first, "his very own." The eldest child is his brother's, but belongs to him. His second and third ones are his but belong to his father and brother respectively. And now this one is really his! I haven't worked that one out yet!

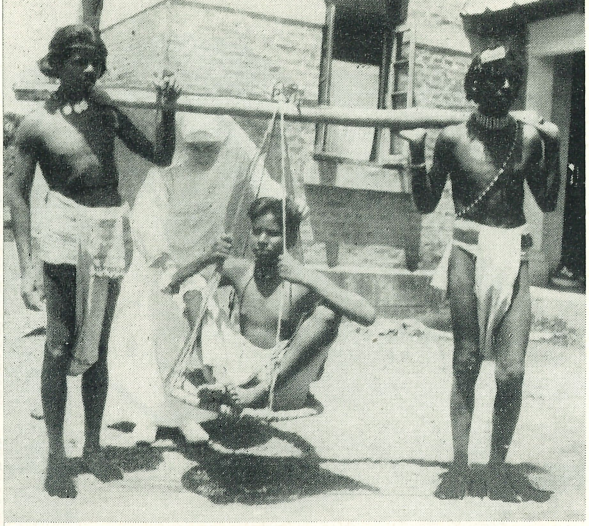
But they are a very likeable people with simple needs, a little tobacco, a blanket, food, unfortunately plenty of native beer—and then they lack nothing. They are really individual. We are too inclined outwardly to conform to a pattern but apart from tribal distinctions they go for their own sweet way which can be exasperating at times! Once they get into a routine, nothing will break it! One of the Sisters was telling that when one orderly dropped a drum, spilling sterile gauze all over the floor he picked it up with the sterile forceps and put it back! Untouched by human hands. But the old cleaner on Ward 6 amuses me. Quabo—that's his name—has been cited to putting out the lights when he comes on duty; at this time of the year it's a little darker in the mornings and I have to keep mine on in the office to see the charts. He hovers round the door, coming in to empty the waste paper or something until finally it gets too much for him and he stands in the doorway and with "Ja Sister?", off goes the light!

Xhosa woman and child. The white clay daubed on her face is according to Xhosa custom.

But they love a joke—I had a patient awhile back who swore he had a snake inside him! We finally got the idea. He was on Penicillin and I used to approach him with the syringe poised and an extra long needle "to kill the snake." The whole ward enjoyed that!

I could go on for ever! About the cows with their long, long horns, the witch doctors who are so peaceable and nice, sitting up in bed with a feather in their hair—the way even the orderlies will break into a dance if they think you don't see them, but you must come to South Africa yourself to see it all.

—Sr. M. Campion, R.N.



Jungle patient arrives, via small tokri.

Emergency in Mandar

Sr. M. Francis, M. D.

FROM THE verandah of the convent we can see the dispensary porch and the road. In our beds at night we can hear the jingle of bells on the oxen's heads as they plod along pulling the heavy "bail gharis." So, when from afar we can see a *charpoi* or large *tokri,* or a *bail ghari* coming through the gate, we say, "Now what?" as these modes of travel spell Emergency—medical or surgical.

Our accidents and acutely ill patients arrive slowly, patiently, with little or no fanfare. But just because of this— sometimes hours and hours in a jolting cart or tokri —our patients are all the sicker and their strength is spent with pain and fever when they arrive.

The "charpoi-litter" or "doolie" is a native string bed, so fixed with bamboo poles that two or four men can carry it swung from their shoulders. The bamboos are lashed to the frame of the bed with coarse rope, the carrying pole is placed and then a sari is draped around the sides for protection from sun and rain and prying eyes. For this purpose the full length charpoi may or may not be used. Often a small lightweight one is used. The patient fits into it by curling up as best he can. It is not unusual for a patient to be brought 15-20 miles this way. The *tokri* is a large wicker basket sufficiently wide to squat or sit in. It, too, is slung on a pole and carried on the shoulders of two men, for long distances. The *bail ghari* is a primitive version of the covered wagon on two wheels with a bamboo top. The flooring is laid with straw and the patient placed inside at an angle of 30 to 40 degrees.

These very sick patients may be accident cases or very ill medical patients. In both groups, the trouble is likely to be one of the seasonal varieties except the terminal tuberculous patients who come any time. Yet, even these are more common in the very hot weather which saps the strength of such patients. During the rains very bad dysentery patients come in, pulseless, cold and clammy. After intravenous fluids, sometimes put in both arms at the same time, they are better and in

a day or two are asking for "chutti" (rice). I remember very well a beautiful young girl of about sixteen years who came 40 miles in a bail ghari. She had taken sick the previous night and arrived here about 5 P.M. with a temperature of 107.8°. She died of cerebral malaria within two hours. It was a Sunday and the buses were not running so the family brought her in the only way they could.

The accident cases are mainly burns and fractures with an occasional snakebite. These injuries are seasonal though of course, any time any one may come in. The burn season occurs in the colder weather when cooking fires are lighted inside or a little house fire is made indoors for warmth. Broken-bone season is in the spring when the trees flower and again later when they bear fruit. Some of the flowers are prized for the curry, so they climb for them as well as for fruit. Snake-bites come during the monsoon rains when the snake's holes get filled with water and snakes come indoors looking for a dry warm place.

In this area we have two poisonous varieties, the cobra and the krait. To treat a snake-bite when the symptoms have already begun to develop is very disheartening. I remember one big strapping man of 22 who came about 8 hours after he had been bitten by a cobra. His legs were already paralysed and he was having difficulty breathing and swallowing saliva. In spite of anti-venom and supportive treatment he died six hours later, fully conscious to the last. When I asked those who brought him why they had delayed, they answered that they had started immediately after he was bitten—about 3:00 A.M.—but when they got to the river there

Sr. M. Francis, M.D., a native of Chicago, Ill., Grad. of Woman's Medical College, Phila., Ph.D. in Chemistry, Univ. of Minn., has had plenty of scope for her talents the five years she has spent in Pakistan and as surgeon at Holy Family Hospital, Mandar.

was no way of crossing it and so they had to look for a raft to take them across.

If we can treat the bite immediately there is much hope of success and we have had a number of successful cures. The people are terrified of the snakes. I was called by the nurse from a sound sleep one morning about 1 A.M. "A snake bite," she said. The patient, a man of about thirty, was sitting on the stool in surgery. "Where were you bitten?" I asked. He pointed to a spot on his right ankle.

I shone my flashlight on him. (After 9:30 p.m. our electricity is off. We generate our own and we have electric light from sundown until 9:30 usually. For emergencies we can have it turned on again.) There was no sign of a break in the skin anywhere. He had not been bitten but had wakened from

sleep to feel and see a snake. Even more frightened was the woman who insisted she had been bitten but couldn't tell me where. However, if you once see someone die of snakebite you can understand their justifiable fear.

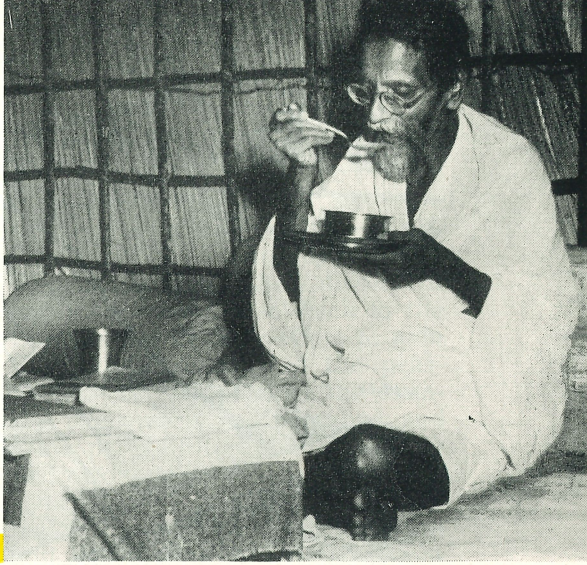
Some months ago I wrote about our patients with fractures. These patients arrive on the doolie if the leg is broken and you will find it nicely splinted. First it will be wrapped with cloth — usually an old sari. Then bark of a tree will be firmly strapped around it and secured with rope. Thus it has a firm support against the jostling of the journey. Our job is complicated by the fact that we have no X-ray or fluoroscope so it is difficult to be sure the bone is properly set. On the whole results are good. It is not the broken bones which constitute our real problem, so much as the danger of infection of the compound fractures by tetanus and gas gangrene. Of these, the latter is the most troublesome as the gas-gangrene antitoxin is the harder to get.

Emergency burn cases tend to be severe. The common practice of daily oiling the body is partly responsible. The flimsy saris many of the women wear catch fire easily and the burns are extensive, covering arms and legs and part of the body. Many occur while the woman is cooking. The men are more likely to receive burns in the course of their work. One night they brought in a young man injured when a powder blast exploded prematurely. His face was badly burned especially the eyes. Other burns involved the arms and chest. By the light of the kerosene lantern (lights were out) I assessed the damage and applied pressure dressings. When I finished the upper half of the patient was well wrapped. In daylight, his face was quite a sight as that particular batch of cotton was pink. As I walked in the ward, I overheard Sister David, who was fixing the dressings say, "Whatever was doctor doing last night?" In the light of the kerosene lantern I had been a bit overzealous. As it turned out, the body had minimal burns, but the fact that he can see today is due in large part to the nursing care his eyes received.

Celine's baby—the child had no name yet and was not baptized—was about fourteen months old, an active little girl crawling everywhere and trying to stand. She had been burned when she overturned a dekshi (pot) of boiling rice on her left foot and leg. In healing, the dorsum of the foot had grown to the lower third of the leg. We operated, separated the two parts of the extremity, grafted skin, etc. But this is slow work. We were making nice progress when the monsoon came and Celine began asking for discharge. She lived far away and with the rains the buses in her part of the world stopped running, and the bridges across the rivers were taken down. How was she to get home? We resisted her pleas for three weeks. Then her father appeared to take her home. We gave up. It was the last possible time for the journey and even then was most difficult. The child still had a small open area on the foot but we showed her mother how to bandage it and let her go with a prayer that she will keep it clean. If not, our months of work will have been wasted.

So our emergencies come and go. No morphine for our patients before they start out and none on the way—as the sun beats down and the dust of the road clogs their nostrils . . . But if we were not here in the midst of the jungle—to whom would they go?

LIBERATING INDIA'S LAND-LESS



Vinoba Bhave, disciple of Ghandi, advocates that all who own land should give one-sixth of it to the landless to solve India's problems.

Rev. Jerome D'Souza, S. J.

THOSE who have some knowledge of conditions in India are aware that our problems are no longer political but social and economic. In the West the social and economic problem is primarily concerned with relations between Capital and Labour. In India this side of the social problem does exist and is becoming increasingly acute with the growth of industrialism. Then there is the question of the status of the so-called "Untouchables" and the Aborigines, one of our main social problems. Not less urgent and acute is the status of the agriculturist, and the agricultural laborer, in other words the agrarian problem. What are the main facts concerning this problem, and what are the steps which India is taking to introduce urgent agrarian reform?

The vast majority of the people of India are cultivators living in villages, roughly 280 millions out of 360. Of these 280 millions, about 50 millions or 10 million families are agricultural laborers dependent on daily wages. Though they are generally attached to a fixed farm and have some kind of housing, their conditions of life are extremely poor and precarious. Of the remaining, there is a very considerable proportion of peasants who are not landowners but tenants cultivating the lands belonging to rich landowners who are called Zamindars or Taluquadars. These great landowners are, or were till recently, like the medieval barons and the cultivators who had no stability of tenancy because they could be evicted in favour of bidders who promised a larger rent. Finally there are the middle class owners who cultivate their own land often with the help of agricultural laborers. They are known in India as "ryots." The weakness of their position comes from the smallness of the farms owing to succession laws which cause fragmentation of holdings.

Agrarian reform in India has to

attack all these different problems and assist all the weak elements in the agricultural economy. The most important reform, which formed one of the promises made by the nationalists in their campaign for the political freedom of India, was the "liquidation of the Zamindari system." The biggest landowners who had received their lands as grants in the early days of the British rule, were to be asked to surrender them to Government on payment of suitable compensation. These lands would then be parcelled out among the tenants in holdings of convenient sizes, and they would be asked to repay the cost in easy installments to Government. This far-reaching reform, similar to reform in many European countries like Italy, is being carried out in India.

The next important step consists in legislation for stability of tenure in cases where provision cannot be made for redistribution of land, particularly in the case of moderate sized properties whose owners have a real interest in the land. Rates of rent are regulated and change of tenants forbidden except for just and clearly specified reasons.

Some of these non-owning tenants and landless agricultural workers are receiving grants of land from the uncultivated lands owned by Government. Then there is the far-reaching Bhoodan Movement by which a famous disciple of Mahatma Gandhi, Acharya Vinobha Bhave, has been gathering gifts of land from rich people to be distributed to landless people. He has already gathered five million acres. His target is 50 million acres in two years. This is an entirely voluntary movement but it has produced the happiest effect on the country and created an atmosphere which will facilitate the settlement of the agrarian problems.

Finally there is the danger arising from smallness of holdings owing to division of properties. This makes cultivation uneconomic as it means the maintenance of cattle and agricultural labor which are not needed for the work. Against this there is the movement for cooperative farming by which, with-

out loss of ownership, groups of small land holders pool their lands and their resources for purposes of cultivation. This movement is making very slow progress and will need to be pushed forward with greater vigour. Cooperative farming is the free world's answer to the communist idea of collective farms.

I must not omit another source of agrarian trouble, namely indebtedness of the cultivator who is inclined to borrow money on exorbitant rates of interest during the dry season. This leads to great misery and often to the selling off of the property to escape the clutches of the money lender. Government is coming to the rescue of these victims of rapacity by fixing rates of interest, and preventing mortgages which will lead to selling off. In some cases comprehensive laws scaling down the debts, and imposing moratoria during difficult times, have saved the poor cultivator in several States.

There is no doubt that these different measures taken by Government have diminished discontent and have caused a set-back to the Communists in their effort to gain the poorest sections of the peasants. In certain parts of the country, particularly in Hyderabad, and some parts of Central India, they had made great progress. But these reforms have arrested their advance. The pace of agrarian reform will have to be maintained if not hastened, in order to defeat fully the Communist penetration into rural India.

(Rev. J. D'Souza, S. J., is the Director of the Indian Institute of the Social Order, Poona, India).

YOUR WILL . . .

can help the Medical Mission Sisters bring health and healing to the sick and suffering of mission lands. The following approved form of bequest may be used:

"I hereby give (devise) and bequeath to the Society of Catholic Medical Missionaries (also known as the Medical Mission Sisters), an institution incorporated under the laws of the State of Maryland, and its successors forever the sum of $ ..... for its general purposes."

If you have already made your will, it is not necessary to make a new one. It is sufficient that a codicil be added, using the above.

When you see yourself upon the rock of tribulation, look up at a star, call upon Mary . . .

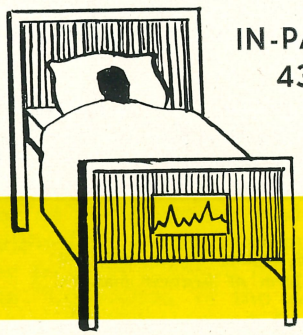
Neglect not to walk in her footsteps.
With her for guide, you shall never go astray.
While invoking her, you shall never lose heart.
So long as she is in your mind, you are safe from deception.
While she holds your hand, you cannot fall.
Under her protection, you have nothing to fear.
If she walks before you, you shall not grow weary.
If she shows you favor, you shall reach the goal.

Saint Bernard

Annual Report — 195

MEDICAL MISSION SISTERS - PHILADELPHIA 11, PA.

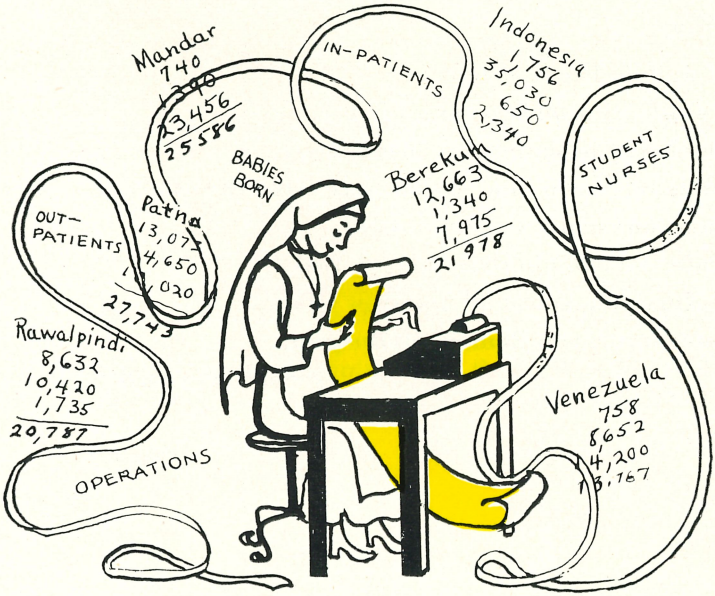
. . . from our 15 Medical Mission Centers in India, Pakistan, Africa, Indonesia, South America, and Southern United States.

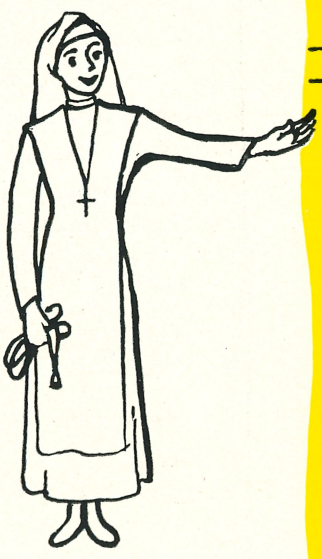


IN-PATIENTS
43,249

OUT-PATIENTS
305,348

TOTAL PATIENTS CARE



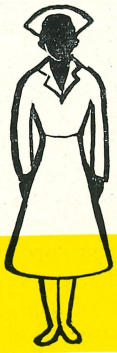


53

The Catholic Mission Hospital witnesses to Christ by its ministry of mercy and continues His work among men.

OPERATIONS
Major - 2,153
Minor 10,132
12,285

BABIES BORN
7,360



STUDENT NURSES AND MIDWIVES
255

D FOR - 348,797

STATEMENT

MEDICAL MISSION SISTERS
Philadelphia 11, Pa.

DATE	ITEMS	CREDITS	BALANCES

EAST and WEST do meet at the bedside of the sick, under the friendly roof of our mission hospitals. There, people of all classes and creeds are cared for as Brothers in Christ.

CHITS

From:
POONA
PATNA
RAWALPINDI
NEW DELHI
KARACHI
DACCA
SOUTH SHIELDS

POONA

January 6th, the Feast of the Epiphany was an Historic Day for Poona. We had our First Profession Ceremony. Sister M. Matthew and Sister M. Laetitia who had started in Malabar and come over to our Novitiate in August 1952 were to make their first Vows. The Bishop was on a trip to his newly acquired districts, so Father Geisel, S. J. who is the Vicar General of the Diocese presided. Father gave a beautiful sermon comparing the gifts of the Magi with the gifts we bring God when we make the Vows of Religion. Antoinette De Sa received the habit and from now on will be Sister Marie Antoinette. We did not enjoy the increase of the Professed Community for long, for that very same day the newly professed Sisters left for a short visit home and will then go on to Patna to start their compounders' training (Pharmacy).

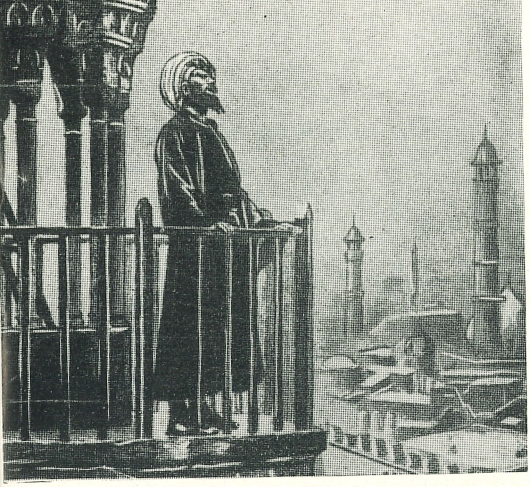
—Sr. M. Henrietta

PATNA

Just about a year ago, Sr. M. Thaddeus' humorous account of an encounter with a snake was published in The Medical Missionary. I was on my visit home and Mom read Sister's pious wish for a picture of St. Patrick preferably one that would glow in the dark. Mom offered me the family picture . . . "but it doesn't glow in the dark," said Mom seriously. So I told Mom if she would ask St. Patrick to take care of me, I wouldn't need a picture.

Recently, the inner lining of our autoclave rusted through and it had to go to the shop for repairs. It followed that every available bit of O. R. linen had to be sterilized to tide us over the "duration." During recreation my bell rang. "Didn't we have one more gown for the pack?" So armed with my trusty key chain I headed for the dispensary. The linen almirah (closet) is in the male patients' waiting room. As I went to place the key into the lock, I noticed a little garden snake over it. My aesthetic sense prompted me to get a blood pressure cuff from the doctors' office rather than shoo him away with my hand! I tapped him gently, he woke up and slithered down under the almirah. I emptied the shelves, put out the lights, locked up, and so to recreation. About twenty minutes later there was a lull in the conversation and I mentioned the little garden snake. As I described him, everyone became excited. "Garden snake! That was a krait!" (Which creatures, it seems, are very poisonous.) I'm still not excited about snakes because that incident proves beyond a doubt that Mom has very good connections with St. Patrick!

Sr. M. Aquinas, R.N.



The Muezzin calls Mohammedans to prayer, from the top of the Minaret, five times a day.

RAWALPINDI

"Id Mubarak" is the greeting on all sides today as it is the feast known as "Id-ul-Fitr" marking the end of the holy month of Ramazan; the greeting means "Blessed Feast." According to the Koran the month of Ramazan's significance is derived from the fact that it was during this month that the Koran was completed. During Ramazan the Muslims observe a very strict fast (Roza); that is, during this time they neither eat nor drink from sunrise to sunset. This is very difficult because Ramazan always comes at the hottest time of the year. A Pakistan newspaper had the following to say as to what the Muslim's attitude towards the fast should be: "Abstention from food and drink during the hours between sunrise and sunset is not enough. We must observe the spirit of the fast too. We have to purify our soul and we have to search our minds and hearts so as to eradicate from them all that is evil. We have to be steadfast in prayers, regular in practising charity and we have to abstain from falsehood and dishonest dealing. In short we have to clean up our minds and bodies and dedicate them afresh to the service of humanity which is the service of the Creator."

Id-ul-Fitr is sometimes called the festival of "flowers" and "thorns"—the thorns of self censure and moral discipline which Ramazan seeks to create—and the "flowers" of festivity and splendor that characterize the social aspect of the celebration.

The night preceding Id is the busiest of the whole season for tailors, grocers, etc.; cloth sellers having already had prodigious sales for over a week. Tailors work all night to cater to the needs of their anxious clients; perfumers have an equally enviable trade. Young women apply myrtle to their palms on the eve of Id. All rise early on the morning of Id. The women to make a variety of food preparations for Id visitors and to bedeck themselves with ornaments and clothes of which they have been dreaming for several months. The men and boys also array themselves in their cherished finery before going to the Mosque for prayers. The rest of the day is filled with festivity and rejoicing.

Here at Holy Family Hospital we always know when Id is approaching. In-patients start pleading for discharge at least for that *one* day. Out-patients refuse to be admitted until after Id. However, there are always a few patients who must remain in hospital and when their relatives come, we get a glimpse of the Id finery. Everyone has new clothes; all brightly colored. Most of the dopatas are edged with silver; the children are exact miniatures of their gaily-dressed parents. Of course, most all of the men and women who work in the hospital are Muslim and have leave to celebrate the big day. During the day we receive Id gifts from

nurses and friends — usually rice and chicken curry, fruit and cakes. For the poor, Id is not so joyous; they cannot afford clothes and are very fortunate if they can manage to have a decent meal.

Sr. M. Kathleen, R. N.

KARACHI

Karachi's project for the Marian Year is the Family Rosary. Many families have pledged themselves to pray the rosary together every day and the pledges have been sent to the Holy Father. Our nurses have also promised to say the rosary in chapel at 8:30 every evening. Some of them don't say the Hail Mary in English so will answer in Urdu or Konkanim, whichever is most familiar to them. It may be a bit confusing but I'm sure Our Lady will understand. Most of the nurses and kitchen girls speak English fairly well but pray in their own language.

I saw a new style burkha the other day. Very "purdah" and made of printed cotton material, sprigs of flowers on a dark or white background . . . little holes for seeing purposes covered with heavy cotton mesh . . . no fine veils for these ladies! All the other burkhas about seem to be a solid color, not all one color by any means, but all red, all pink, all green or black, etc. A very popular style for the summer months is a silk burkha with a fine veil covering the face permitting the wearer to see everything very well but shielding her from others. Two-piece burkhas are also very popular, a long coat-like piece which buttons down the front, without sleeves, and a headpiece which comes down over the shoulders, ties under the chin and may be thrown back at any time.

Merunissa was wearing one of the flowered "ultra-purdah" burkhas when she came to be our patient for a few weeks during her pregnancy . . . She was terribly anemic and had swollen ankles, face and hands. Fortunately her condition improved with therapy but I don't think she'll ever get over her shyness . . . she used to pin the cubicle curtains together at visiting hours so no one could possibly see in, even through the cracks!

And then there was Malekha who was supposed to go home the other night at 7 P.M. but the two employees her husband sent to bring her forgot to bring her burkha and there was absolutely no going without it! She told them without even looking in their direction, to bring it quickly and they stood outside the door, took her instructions and set off in haste for the burkha without even glancing in her direction, of course. Such admirable custody of the eyes!

—Sr. M. Ruth, R.N.

THE MEDICAL MISSIONARY
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RAWALPINDI

Hamida, a Kashmiri woman had lost five children at birth, all born at home. One night she dreamt that if she would go to the Sister's hospital she would have a live baby. She did and her dream came true! When she heard the baby's first cry, she said "Khuda ko shukria." (Thanks be to God.)

—Sr.M. Karen, R. N.

NEW DELHI

The village people seem to be calling on us more and more lately for medical care although the hospital is far from being ready to open. I find it difficult to get used to the darkness when one walks into these homes, and I almost invariably fall over a pan or brick or something! The last call we had came at 8:30 P.M. — a young mother. We knew before going out that it must be an abnormal case; otherwise they wouldn't have called us. On finding the little home, the father banged on the door loudly, and they finally let us in. I shall never forget the scene we met — when the mist cleared. The poor mother was lying on a charpoi with just a few rags under her and a big blanket over her. The dhai (mid-wife), a completely blind woman, was sitting at the foot of the bed. Four children were on another charpoi. And in the middle of the floor stood an anghiti filled with burning charcoal, and giving out such a heavy smoke that we wonder how they breathed at all. It took us a few minutes before we could get used to it. Sister Joanna was with me that evening. After examining the woman, and finding the presentation abnormal, we told them she would have to go to the hospital. But that, of course, was a weighty decision, and practically the whole village was in on it. Everybody stood outside the house in a sort of circle, and each had her say. Even the cows were in on it! We stood there with our little hurricane lamps and prayed they wouldn't refuse! Finally they said *Achchha,* and so Sr. M. Joanna went to get the car. In the meantime I used the occasion to place their confidence in God, and we recited a decade of the rosary. (This is a Catholic village!) They prayed very loud and clearly, and I felt proud of them. And then I went inside again to see how the mother was, and there she was, calling, "Ram, Ram!" I tried to urge her to call on Christ, but it just shows how much still has to be done with these people. Let's hope that H. F. H. will be a means of bringing them all closer to Christ!

Sr. M. Clare, R. N.

Sr. M. Dolores, R. N. (St. Louis, Mo.) admires Hamida's "dream child" born at Holy Family Hospital, Rawalpindi, Pakistan.

Sr. M. Bernard (R. I. P.) with a Nepalese mother and baby.

DACCA

The veil of death fell slowly on February 8 in Dacca's Medical College Hospital, and shortly before noon it brought to an end the life of Sister M. Bernard Tyler—a life she had dedicated to the service of God and man as a Medical Mission Sister.

For the past six years Sister Bernard has worked in the Archdiocese of Dacca, and assisted in the founding of the Sisters' two hospitals here. She went to St. Michael's Hospital, Mymensingh, in 1948, when that hospital was still being built, and remained there as dietitian until last year when she was assigned to Holy Family Hospital, now under construction in Dacca.

One of her last tasks was preparation of the Sisters' new quarters at Holy Family Hospital. Shortly after two Sisters took up residence there last October, Sister Bernard fell sick. In November she underwent the first of three serious operations which, in spite of the best medical efforts, were unable to save her life.

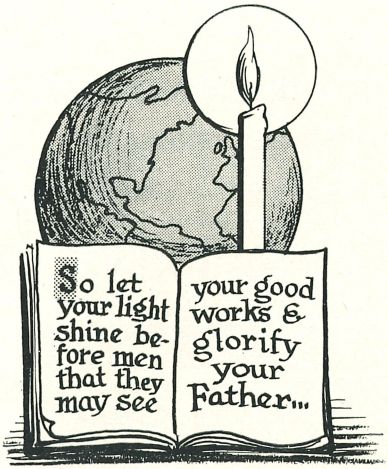
She was born 44 years ago in Laytonstone, Essex, England, joined the Medical Mission Sisters in Osterley as a postulant in 1935. Before coming to Pakistan in 1948, she spent 10 years as a Sister in England, after making her novitiate and religious profession in Washington, D. C.

Archbishop Graner offered the Pontifical Funeral Mass in Holy Cross Cathedral on Feb. 9th.

Sister Bernard is the second Medical Mission Sister to die in Dacca. In 1937, Sister M. Frances Herb died of cerebral malaria contracted while she was carrying on the difficult Maternity and Child Welfare Center Work, going from home to home, working among the poorest of Dacca's poor. Sr. M. Bernard offered all her sufferings for the speedy completion of Holy Family Hospital in Dacca.

Rev. Charles Hauser, C. S. C.

Jan. 13th, His Em. Cardinal Gracias broke ground for the second section of Holy Family Hospital, Dacca, Pakistan, on his visit there for the Holy Cross Fathers' Centenary. R. to L. Cardinal Gracias, Arch. Van Miltenberg, O. F. M., Arch. Graner, C. S. C., Rev. A. Weber, C.S.C., Sr. M. Benedict, M. D.



RECEPTION and PROFESSION

The Most Reverend J. Carroll McCormick, D.D., Auxiliary Bishop of Philadelphia, presided at the Medical Mission Sisters' Reception and Profession Ceremonies on February 11th, Feast of Our Lady of Lourdes, in which 37 young women from 19 States, Scotland, Malta and the Philippine Islands dedicated themselves to the Service of God and their neighbor in the person of the sick.

Immediately preceding the Mass, celebrated by His Excellency, 22 postulants received the grey habit and white veil of a novice and during the Mass, 15 novices pronounced their first vows and received the blue veil and crucifix, the symbol of their special dedication to Our Lady, Cause of Our Joy.

FIRST VOWS

Sr. M. Grace Peralta, M.D., Valletta, Malta
Sr. M. Miguel Edmonds, R.N., Las Vegas, N.M.
Sr. M. Bede Twomey, B.A., St. Cloud, Minn.
Sr. M. Austin Jung, M.S., Cincinnati, Ohio
Sr. M. DeMontfort Kershbaumer, R.N., Hazleton, Pa.
Sr. Rosemary Smyth, B.S.N., Elmhurst, N.Y.
Sr. M. Bridget Gosinski, R.N., Oklahoma City, Okla.
Sr. M. Simon Mehrl, B.S., Dubuque, Iowa
Sr. M. Muriel Von Hoene, B.A., Rutherford, N. J.
Sr. M. Terence Phelan, B.S., Shaker Heights, Ohio
Sr. M. Hildegarde Kane, Lanarkshire, Scotland
Sr. M. Stella Gootee, Loogootee, Indiana
Sr. M. Zita Sampon, Milwaukee, Wisconsin
Sr. M. Annette Froehlich, Johnstown, Pa.
Sr. M. Leo Sanford, Fremont, Ohio

RECEIVED THE HABIT

Sr. M. Anselm Donnelly, Phila., Pa.
Sr. M. Joyce Fox, Hatfield, Pa.
Sr. M. Assumpta O'Sullivan, R.N., New York, N. Y.
Sr. M Michelle Theriault, B.S.N., Washington, D. C.
Sr. M. Hilaire Blanquie, Oakland, Cal.
Sr. M. Carmela Canlas, R.N., Manila, P. I.
Sr. M. Luke Gray, M.D., West Hartford, Conn.
Sr. M. Cephas Hanks, B.S.N.E., Swayerville, Pa.
Sr. M. Nora Weinstein, R.N., San Francisco, Cal.
Sr. M. Paul Drummond, B.S.N.E., Taunton, Mass.
Sr. M. Irene Schulties, Elizabeth, N. J.
Sr. M. Josette Peil, B.S., Racine, Wisconsin
Sr. M. Lea Collings, B.S.N., San Francisco, Cal.
Sr. Marie Therese Monahan, R.N., New York, N. Y.
Sr. M. Augustina Dolan, B.S., New York, N.Y.
Sr. Marie Justine Fitzgerald, St. Louis, Mo.
Sr. M. Geraldine Pellowski, Winona, Minn.
Sr. M. Rachel Poirot, Amarillo, Texas
Sr. M. Esther Thaden, Tacoma, Washington
Sr. M. Sheila Parker, Glenview, Ill.
Sr. M. Dunstan Barton, Detroit, Michigan
Sr. M. Malachy Coughlin, Union City, N. J.
Sr. M. Beatrice Milla, M.D., Vienna, Austria

Novices enjoy a walk in the garden, South Shields.

Another Sister-Doctor for the Missions, Sr. M. Grace, M.D. (from Malta) (center) departs for Holy Family Hospital, Pakistan.

"Hello and goodbye." Mother Dengel arrives in Fox Chase, as Sr. M. Kateri, R. N. (California) and Sr. M. Carmel, R.N., (Pennsylvania) depart for Rawalpindi and India. Sr. M. Pius, R.N. (Iowa) sailed with them.

ST. THERESE'S NOVITIATE

SOUTH SHIELDS, ENGLAND

We have had so many comings and goings, and things have developed so rapidly that it seems a far cry now to that evening one year ago, when the first six of us trooped into a house that seemed so large and empty that one heard f o o t s t e p s echoing everywhere. Now, the main house is fully in use for the community, professed and novices, and with fourteen of us in it, we don't rattle quite so much any more. And the other houses, two of them? They are joined onto this one and have been called St. Dorothy's and McLaren house respectively.

This house has activities which seem to be more or less unique within the Society, for the Bishop stipulated when we came that we must take over some of the activities of the Helpers of the Holy Souls who had this house before and who moved out of the district before we came. These include looking after convalescent priests occasionally, which is the primary purpose of McLaren House, called after Dr. McLaren because that is what she did in her villa at Antibes. They also include day, and half-day retreats for various groups of lay people, in which we do the catering and some of the organising. It is interesting, and besides giving us the privilege of sharing some of our blessings with lay people, it also provides opportunities for publicity for the Society in a wide circle of groups and sodalities. Besides these, there is a ladies' auxiliary group which meets every week for a working party, and a girls' club that comes one evening per week, and the local nurses' guild which meets once a month.

Sr. M. Cuthbert, LL.B.

AND NOW WE HAVE A TRUCK!

Sr. M. Raphael, B. S. Pharm.

THE PROGRAM was: Sr. M. Edmund and I would leave *anopa tu tu tu* (very early in the morning, before sunrise), stop for Holy Mass and Communion at Bechem, the halfway mark, and be in Kumasi when the shops open at 8 A.M. In that way we could do all our business and return to Berekum the same day, making our monthly shopping trip in one day instead of having the usual one night stop-over. It would be much easier now that we had our own little truck. Formerly when we made the trips in *mammy lorries* it took six to eight hours for one way of the stretch, with all sorts of uncertainties of schedules and truck breakdowns. We dreamed of the time when we would have our own truck for hauling supplies, and control our own fate. And travel in Africa is fateful.

This morning, dark and very early, when I turned the little truck's nose towards Kumasi it seemed to sense how pleased we were, and it fairly quivered with delight. After a few miles on the road I discovered that it quivered from other things besides delight. For a new truck it had an amazing amount of vibrations, and extreme reluctance to go any faster than we could have gone on a bicycle. We decided that was because it was new. With much coaxing we made Bechem in time for Mass. After breakfast and coffee we started off again. By this time the little green truck had developed an ominous rattle, and to my complete discomfort, would occasionally shrug its steering wheel as if about to give up the whole trip. In the three months since we had first bought it, it has been into the repair shop three times, and each three times it had been "fixed," but had gone on rattling. Today seemed the climax.

Once we got it into Kumasi there was no question as to what our first business was. We headed the little green truck for the repair shop. There after a complete examination, the manager, a plump little Frenchman, informed me most solemnly that he did not understand how we managed to get it into Kumasi. THE ENGINE WAS CRACKED. No doubt it had been in that condition when we bought it. As he was the one who had sold it to us, I marveled that he

was so unabashed at it. But business out here is a bit like the good old-fashioned horse trading. And all parties concerned realize it. We had not inspected the engine of our brand new truck so that was our hard luck.

The manager went on to explain that the cracked part was v-e-r-y hard to replace. As it was an unusual fault they never kept such parts in regular stock. And it took from several months to two years to get such parts out "from home." He paused to let this sink in, then beamed at me, and triumphantly announced that it just *so* happened he did have this particular part . . . never in fifty years would such a coincidence again occur. I am afraid I did not respond with equal joy. I couldn't help but think that if a man sold a car with a cracked engine he should at least be a bit apologetic about it.

It would take several hours to fix it; it could not possibly be fixed before 5 P.M. . . . but he would put his best mechanics on it. We left them with instructions to also grease the car and change the oil and fill the gas tank. And went off on foot to the business in Kumasi's shops and markets . . . a city that has more hills than has Rome, and a much hotter sun.

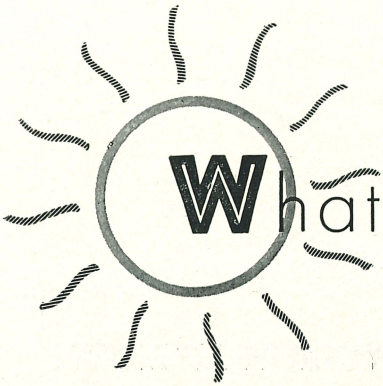
Back at the repair shop at 4 P.M., the truck was "almost done." "The mechanics were working overtime." Again I failed to be impressed. We would pay for their overtime, for something that was the company's fault. You can't win.

When they announced it was all ready, I checked to see if everything had been done. No, they had not had time to grease it, nor change the oil, and they had completely forgotten to put in the gas. The first two items were not too important; they could be done at a later date. But having no gas was serious. We had a hundred miles to go yet, and only a small amount of fuel left in the tank. They were so sorry; but the man who had the key to the gas tank had gone off at 4 P.M. It was a pity. But they thought if we hurried we would find a certain pump in front of the United Trading Company store still open. Sister Edmund and I set off a bit grimly, not trusting ourselves to comment on the shop's "service."

The pump in front of U.T.C. was locked; the owner gone home. We were directed to another place that was open until late in the evening. Fine. But it was on the outskirts of the city, and first we had to pick up our various purchases, drugs, canned milk and flour, nails and cement, etc., etc., from the stores before they closed. Would our gas hold out? It didn't. And it stopped on the slope of one of the many hills. I left Sr. M. Edmund to guard the fort and hailed a passing jitney to take me to the "gas station." It was hard to find, for it was no Esso palace. Rather, a solitary pump set back from the street among the tiny stalls from which are sold everything from phonographs to fried plantains.

An old Mohammedan was the owner, more disturbed that we had interrupted his supper, than overjoyed at the prospect of a sale. If I didn't have the truck what was I going to put the gasoline in? I had hoped that he would loan me something. Yes, for a deposit of four shillings (60c). The container was a rusty old kerosene tin with several tiny holes plugged with bits of old rags. A deposit of four shillings on that was like adding insult to injury, after the day's happenings.

Isn't it wonderful to have our own truck?



What's New in the Medical Mission World

Sr. M. Daniel, S. C. M. M.

FIGHTING A GODDESS

To the Hindus, cholera is not a disease. Its symptoms mean that the goddess Poleramma has taken possession of the victim. She can be placated only by the sacrifice of goats, sheep and buffalo.

Recently, the fear of this terrible goddess exacted a great toll of human lives. Some 100,000 pilgrims were encamped about a Hindu shrine for their yearly festival near Badvel, South India.

One of the groups of pilgrims had just fled from a village where cholera was reported. They had hardly reached the shrine near Badvel when cholera showed itself among them.

On the second day of the feast a sanyasi was attacked by cholera. No one heeded his requests for water. The sanyasi proceeded to the well himself, but lost his balance. There he lay for some time alternately drinking, vomiting and purging.

About 30 new cases developed during the night. At dawn a general flight began. Within a week more than 100 villages were infected. The epidemic raged for months.

"Cholera in India," van der Valk, WORLDMISSION, Winter, 1953.

MONKEY WORK

In 1932 it was believed that the yellow fever scourge had been finally overcome everywhere except in the overpopulated Far East. Then some American scientists discovered the virus in the blood of monkeys in the Amazon area. How did it get there?

These monkeys had been bitten by a kind of mosquito that inhabits the same upper forest floor.

One of the results of the meeting of yellow fever experts under WHO auspices at Kampala last September should be a better idea of the best vaccine against jungle or sylvan fever.

WHO NEWSLETTER, JAN. 1954

PRIZE-PATIENTS

Dr. Albert Schweitzer, who recently received the Nobel Peace Prize, gave up a distinguished career in Europe in order to be a medical missionary in French Equatorial Africa. For more than 40 years, Dr. Schweitzer has worked in his hospital in Lamberene, Africa.

Most of the $33,000 prize money will be used to build a village of good houses for his patients with Hansen's Disease.

THE STAR, January, 1954

WHICH HOSPITAL NEEDS YOUR HELP MOST?

RAWALPINDI, PAKISTAN

STILL GOING? "It's non-existent." A 10 gallon distilled water apparatus (Still) is desperately needed, for Pindi's hospital, writes Sr. M. Dolores, R. N. It only costs $500! Every dollar is a drop in the bucket!

MANDAR, INDIA

A HOSPITAL WITHOUT LIGHT AND WATER? Yes, Mandar needs a new generator. The present small one fairly groans with the load put upon it and at the most inopportune moments simply gives up the ghost and plunges the entire hospital into darkness. A new plant large enough to insure both sufficient light and water will cost $5,000.

DACCA, PAKISTAN

A SURGEON WITHOUT INSTRUMENTS? Sr. M. Benedict, M. D. is getting ready to work in Dacca. Sister left all her instruments for the hospital in Mymensingh. A set of abdominal ones would cost $250.

DELHI, INDIA

WHAT SCOPE FOR DELHI'S HOSPITAL?

Delhi's population has increased three times what it was, yet hospital facilities remain the same—only 1 bed per 1,000 persons. But Delhi needs all kinds of other **scopes,** to open its doors, writes Sr. M. Clare, R. N.:

Opthalmoscope	$26.10
Otoscope	$17.60
Sigmoidscope	$ 7.50
Bronchoscope	$23.50
Thermometers	per doz. $ 7.50
Surgical Scissors	$ 6.50
Scope for the workmen	

AND

DOLLARS TO PAY THEM!

DEAR SISTERS:

Here is $..... for your mission hospitals.

for ( ) RAWALPINDI ( ) DELHI

( ) MANDAR ( ) DACCA

Name .....

Address .....

City ..... Zone ..... State .....

Great Anthropologist Dies

Rev. William Schmidt, S.V.D., world-renowned priest and scholar died on February 10th, in Friburg, Switzerland. It was with untiring energy, only cut off by death, that Father Schmidt engaged in the various branches of anthropology. More than 500 publications are the fruit of his investigations. His interests included linguistics, comparative religion, prehistory, sociology, economics and technology.

As early as 1904 Father Schmidt won recognition as an expert in linguistic science by pointing out a hitherto unknown relationship between a particular language group of India and the languages of Oceania.

At about this time he turned his attention towards the study of the cultures of primitive peoples. His efforts were mainly directed towards the methodology of historical reconstruction and its practical application. His treatise on this plication. His treatise on this method: *Handbuch der kulturhistorischen Methode der Ethnologie* (1937) was translated into English in 1939 by S. A. Sieber.

These studies led him to search for the oldest known religion of mankind by anthropological methods. He completely dispelled the notions of Spencer, Taylor and Marett that the Supreme Being belief could only be the result of a relatively advanced stage of culture and came about gradually as a direct evolution from magic, or manism, or a belief in spirits. Andrew Lang was the first to voice some disagreement with this school of progressive evolution, but Father Schmidt in the 12 volumes of his series *Der Ursprung der Gottesidee* (1926-) gave abundant and conclusive proof of the fact that many primitive groups have a clear concept of the Supreme Being.

Throughout his long span of life, Father Schmidt, served the Catholic Church and the missionary world in a most unique manner. He secured for Catholic Anthropological scholarship the credit it justly deserves and made Anthropology known and respected among Catholics. To these ends he contacted missionaries all over the world and secured from them highly significant reports on the languages and cultures of their peoples. He inspired his own students to do extensive and valuable fieldwork among tribes which might soon be extinct or absorbed by other cultures. He welded all these efforts together into one organization through the foundation of the *Anthropos-Institut*. From it, valuable monographs have come forth and also the famous polyglot quarterly Anthropos (1906-) perhaps the most portly of all scientific periodicals.

Pope Pius XI called upon Fr. Schmidt to organize the Vatican Mission Exhibition of 1925 and, pleased with its results, he asked him to make this exhibit into a permanent one—the present Lateran Museum of Ethnology and the Missions established in 1933.

The many honors that came to Fr. Schmidt in his lifetime were well merited. RESQUIESCAT IN PACE!

NO RAIN CHECK ISSUED!

Dear St. Joseph:

Susheilia's operation was successfully completed, but the problem that looms for the Sisters is the "open-air ride" back to the quonset hut ward! With the rain pouring, it's "all hands to the fore" — skillful wheeling of cart to avoid puddles — careful umbrella protection of the patient's head — smooth handling of vital plasma and all the while, concern for the patient's warmth and comfort so she won't get a chill.

Dear St. Joseph, how are we to weather these hops from building to building any longer? Will you please ask your friends to kindly "issue checks" for a new hospital, all-in-one building. We don't mind a shower of them. We'll use them rain or shine.

Hopefully yours,
Mother Anna Dengel, M. D.

ARE YOU A FRIEND OF SAINT JOSEPH'S?

Dear Mother Dengel:

Here is my gift for Patna's New Holy Family Hospital $.....

Name .....

Address .....

City ..... Zone ..... **State** .....